

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.	10/579916	FILING DATE
APPLICANT(S)		

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				
	IND.		DEP.		IND.			IND.		DEP.		IND.				
	1	1	1	1	1	1		1	1	1	1	1	1	1	1	
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TOTAL IND.			2		2											
TOTAL DEP.		2	3		2											
TOTAL CLAIMS			5													